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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 20 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042224

1. Corporation Name

ERIC ODZE, INC

2. Principal Office Address

2414 LINCOLN ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. - FEI Number

01-0689479

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ERIC ODZE

Street Address (P.O. Box Number is Not Acceptable)

2414 LINCOLN ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

X

Date X 7/15/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ERIC ODZE	2414 LINCOLN ST	HOLLYWOOD FL 33020

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 7/15/07 954-328-6235

Daytime Phone #

CR2E081 (01/04)

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2004 AND THE  
REINSTATEMENT FORM FOR 2003 FOR ERIC ODZE, INC.

THE ORIGINAL FORM WAS NOT RECEIVED FOR 2003 AS THE ADDRESS  
CHANGED. PLEASE ACCEPT THE PAYMENT OF \$ 300.00 IN PAYMENT OF THE  
ANNUAL REPORT FEES.

YOURS TRULY

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Page 2 of 3

**FILED**

04 JUL 20 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047774

1. Entity Name

ERIC ODZE, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2414 LINCOLN ST

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

4. FEI Number

01-0689479

Applied For  
Not Applicable

Zip

33090 US

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name ERIC ODZE

Street Address (P.O. Box Number is Not Acceptable)  
2414 LINCOLN ST

City HOLLYWOOD

FL

Zip Code 33090

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*[Signature]*

7/15/04

(Signature, name, or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

PD  
ERIC ODZE  
2414 LINCOLN ST  
HOLLYWOOD FL 33090

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY, ST, ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2E034E (12/01)